

MEETING SUMMARY
MISSOURI ADVISORY COUNCIL ON ALCOHOL AND DRUG ABUSE

October 4, 2006

State Advisory Council Members Present:

Daniel Clark	Rebecca Ehlers	Ben Bruening	Marilyn Gibson
Clifton Johnson	Cheryl Gardine	Keith Spare	
Robin Hammond	Sylvia Persky	Steve Doherty	
Rhonda Wilkes	Sandra Hentges	Diana Harris	

State Advisory Council Members Absent:

Stacy Braiuca	Kim Dude	Lisa Joiner	Greg White
John Harper	Charles Megerman	Jack Tucker	

Regional Advisory Council Chairpersons (Or Designees) Present:

Diana Harris
Becky Markt

Regional Advisory Council Chairpersons Absent:

Mike Carter
Jimmy Davis

Division/Department Staff:

Michael Couty	Angie Stuckenschneider	Chuck Daugherty
Lynn Carter	Teresa Robbins	Christina Oliver
Amanda Baker	Joe Davidson	Mary Henry
Joellyn Becker	Chris Knigge	Kristi Scoville

Guests:

Christine Owens

AGENDA	DISCUSSION/RECOMMENDATIONS	ACTION
--------	----------------------------	--------

Call to Order	Rhonda Wilkes called the meeting to order at 10:10 a.m. It was determined that Director's report would be given prior to Old Business to allow Michael to honor additional obligations.	
Department and Division Report	<p><u>Updates:</u> Michael Couty reported that CIMOR (the new client information management and reporting system) was operational as of Monday, October 2nd. ADA will be sending updates to CIMOR contacts and Executive Directors. This system is being implemented by ADA, MRDD, Facility and Community Programs now, with CPS coming on board during January. It will improve client tracking, reporting, and will cut down on over-billings.</p> <p>Twenty-seven Prevention Assistance Grants have been awarded to coalitions in Missouri. The RAC's were involved in the initial phase of this and ADA staff determined the final awards.</p> <p>The SPF SIG Grant has eighteen awardees (meeting the Federal Fiscal Year deadline of October 1). Three were awarded in the Southwest, six in the Northwest, Three in Central, four in Eastern region and two in the Southeast. Chris Owens will give more information on SPF SIG activities later.</p> <p>The DMH/ADA budget is moving forward, items have been prioritized with the Mental Health Commission.</p> <p>Mark Stringer, former Deputy Director of ADA, has been named Interim Deputy Director for Department of Mental Health. Lynn Carter has been appointed as Interim Deputy Director of ADA. She brings to ADA a wealth of experience in not only alcohol and drug abuse treatment and psychiatric services but also experience gained from serving as the Disaster Coordinator for DMH for the past 4 years.</p>	

AGENDA	DISCUSSION/RECOMMENDATIONS	ACTION
	<p>We have obtained services of Chuck Daugherty as of September 25th as the Southwest CAPT contract representative in ADA Prevention. Scott Breedlove has replaced Shelby Hearne at the Certification Board. Jim Schlueter, Area Treatment Coordinator, retired last month. Kathleen Mims has been appointed as the new Area Treatment Coordinator for the Central Region. Michael applauds the movements within staff- exemplifying knowledge, skill and dedication to the field and gives credit to RACs on recruitment of new appointees which will support regional efforts.</p> <p>We should see more collaboration with Division and other state agencies, especially in the Prevention arena. One goal of the Division is to provide services in conjunction with other state agencies to “coordinate so as not to duplicate” services. We’re going into last year of the collaboration with Department of Corrections and that contract may be rebid. We continue to work closely with Drug Court and OSCA. OSCA received an additional 2 million dollars for funding drug court last year. They are now funded at 5.6 million for drug court services.</p> <p>Michael Couty anticipates the petition initiative for tobacco to be heard by the Supreme Court with in the next two weeks to determine if it will remain on the ballot. If left on the ballot, this will serve as a potential funding source for ADA services. Division and Department cannot lobby for it, but can provide information regarding resources that would result from its passage.</p> <p>In other staff news, Heidi DiBiaso had a baby girl and is on Maternity Leave; Cathy Wilde is working with Michael in her absence. Cindy Luecke has been promoted to a SATOP as a Program Specialist. Christina Oliver will now provide support to the SAC.</p>	

AGENDA	DISCUSSION/RECOMMENDATIONS	ACTION
	<p>Phase 2 of COSIG is currently under way to implement best practice, and to assist with identification of where existing dollars will be used to pay for medication to assist recovery efforts.</p> <p>ADA received their first three- year Robert Woods Johnson Grant for best practices and will partner with 10 providers across the state. CBT training and assist with funding to utilize medication consisting of composite and Naltrexone to be paid for by programs as another tool in recovery.</p>	
Old Business	<p><u>Increasing Membership</u> Keith had suggested the idea of posters and flyers to attract new members in the previous meeting. Consumers would be the target and people working in the field could make them available to attract new members. Joe Davidson and the SE RAC have already put together a draft (designed by Jessica Howard); he will send it to Teresa. This will be placed on next month's agenda.</p> <p>Discussion ensued about attracting new members. It was discussed how the flyer should be designed to attract the type of consumer the SAC needs; attributes include interest in advising the Division of Alcohol & Drug Abuse and the ability to attend meetings. At one time the qualification for being a SAC member was that one had previously been a RAC member. When we employ the recruitment flyer it was suggested we show benefits of participation in the RACS, and we may want to employ the use of different posters/flyers to attract different populations. Final suggestion on the matter was to keep it simple and straightforward.</p> <p>The amount of time spent discussing flyers was questioned. Attracting and maintaining memberships is problematic with both RAC and SAC. The flyer would not only be marketing for recruitment but also informational. It was mentioned that</p>	<p><u>Referred to RAC Chair Committee and ADA staff:</u> Evaluate draft of recruitment flyer initiated by Southeast RAC. Determine what modification should be made to update the information and identify where and when flyers should be distributed.</p>

AGENDA	DISCUSSION/RECOMMENDATIONS	ACTION
	<p>business oriented people might think time was wasted in meetings.</p> <p>Discussion ensued about SAC's purpose as an advisory body. Diana Harris mentioned that recommendations made by the SAC aren't taken seriously if there is not money for implementation, as in the case of medical detoxification services. Another reason for frustration is that often situations are brought the SAC after action has been taken.</p> <p>It was observed that the SAC could accomplish more with a full membership and that without continuity in membership a large portion of the meetings are taken with getting everyone caught up. SAC's purpose is to be an advisory committee that can make recommendations to ADA and to advocate. The main purpose of SAC is to devise ways of strengthening the substance abuse and prevention programming within the state.</p> <p>Michael recommended re-establishing sub-committees within SAC to provide the treatment and prevention members the time to work on their respective priorities. Previously sub-committees existed to bring ideas to the forefront. The Executive Committee of the SAC could work with the Division to develop an agenda of what they would like to see reported on. He would prefer to see a Prevention Committee, a Treatment Committee and then an Executive committee devoted to addressing other issues. Sub-committees wouldn't have to meet in Jeff City and much of their work could be done by conference call, fax and e-mail. There have been recommendations that have come to fruition such as drug testing money and money to enhance the quality of care.</p> <p>Lynn Carter mentioned that she does see SAC advising and helping with pinpointing resources, needs assessment in communities, and acting as trend advisors among other things.</p>	

AGENDA	DISCUSSION/RECOMMENDATIONS	ACTION
	<p>Michael reminded the SAC that he is advised by a provider group as well as the SAC and that issues must be looked at from the aspect of state standards and according to availability of funding.</p> <p>Another issue addressed by Michael is the fact that when the Access to Recovery (ATR) grant is completed. Additional dollars may be available to continue recovery support services in the form of Relapse Prevention.</p> <p>Next year a total of \$6.9 million has been requested from General Revenue for this service.</p> <p>SAC's role is to build rapport in communities as advocates to then members.</p> <p>Robin Hammond suggested that a guide be identified to assist members of the SAC with tracking of legislative issues. This would be helpful to have prior to May for some advocacy activity. It might be beneficial to cover with the advisory council the process to get bills to the legislature.</p> <p>There were no additional recommendations or actions taken.</p>	
	<p><u>Reports on Mini-Grants</u></p> <p>The Division funded 27 Prevention Assistance Grants in Missouri to local coalitions. This report was provided to SAC members.</p> <p><u>Information of Interest</u></p> <p>In October 3 Hepatitis C trainings provided through AATOD and sponsored by ADA. These workshops were provided in Kansas City, St. Louis and Springfield. There were a total of 169 trainees consisting of mental health, substance abuse professionals and</p>	

AGENDA	DISCUSSION/RECOMMENDATIONS	ACTION
	<p>prevention provider staff. This is a very prevalent disease in substance abuse populations and more so among opiate users. Keith Spare and Teresa Robbins invited DHSS and Corrections provider staff to share this timely information. One goal is to advocate for Hepatitis A and B vaccinations for high risk substance abuse treatment clients.</p> <p>A Hepatitis state-wide coalition was sponsored by Department of Health and Senior Services earlier this year with their initial meeting taking place on Sept 11th 2006. This meeting will develop the Missouri model for addressing this increasing infectious disease in a coordinated effort. There were over to combat 40 multi-agency representatives. Presently there is no funding available for Hepatitis C testing and treatment costs are prohibitive for the public health system. Providers were encouraged to refer Hepatitis C positive clients to their local health departments and to pharmaceutical companies who offer drug assistance programs to uninsured citizens.</p> <p>Hepatitis C can be asymptomatic so quite often it goes undetected, and since it is very resilient and highly infectious it is frequently spread. Part of provider's ethical obligation is to inform clients of the risk and resources available to them.</p> <p>Co-occurring conditions are addressed in a very extensive position paper on the AATOD.org website. This paper acknowledges the ethical responsibility of providers to address and at least provide referrals for co-occurring conditions. Mental health screenings for all consumers is advocated along with addressing their substance abuse. Medicaid will pay for these mental health screenings currently.</p> <p>SAC can also make recommendations for the type of trainings they would like to see at Spring Training Institute.</p>	

AGENDA	DISCUSSION/RECOMMENDATIONS	ACTION
	<p><u>Actions Needed:</u></p> <p>SAC members recommended that the RACs develop and/or revise existing pamphlets for recruitment. The SAC can review and recommend modifications as requested.</p> <p>SAC members recommended that the RAC committee identify a protocol to follow when submitting information or suggestions to the SAC. If there are specific outcomes that the RAC's would like to have then they need to identify those so that the SAC can effectively address their requests. A time frame would be helpful.</p>	<p><u>ADA Action:</u> Review the existing pamphlet for RAC recruitment and update information for current utilization. Submit for RAC and SAC approval.</p> <p><u>ADA Action:</u> Work with SAC Chairs to restructure the SAC meeting to provide time for Treatment and Prevention Committee work.</p> <p><u>RAC Action:</u> Review letter from Central Area and decide how that applies to them. Decide what each region can do to support Central region's mission.</p> <p><u>RAC Action:</u> Review letter from Central Region and identify a protocol for suggestions made by RACS which include specific question and/or recommendations and a corresponding time frame if needed.</p> <p><u>RAC Action:</u> RACs can identify what treatment and prevention needs are in their region and include those in the regional reports to the SAC. This will then be utilized by the SAC to make informed recommendations to the Division.</p>
Adjournment	The meeting adjourned at approximately 2:30 p.m.	Next meeting will be December 6, 2006.